

AOC-FC-3
Rev. 7-05
Commonwealth of Kentucky
Court of Justice www.kycourts.net
☐ Minor Children Involved
☐ Protective Order Issued For:
☐ Petitioner
☐ Respondent



☐ CIRCUIT ☐ DISTRICT
☐ FAMILY COURT
CASE DATA INFORMATION SHEET

For Office Use Only

Case #: _____

County / Division: _____

PETITIONER:

Name: _____

Address: _____

Telephone: (_____) _____

DOB: _____

SSN: _____

Relationship to Respondent: _____

RESPONDENT:

Name: _____

Address: _____

Telephone: (_____) _____

DOB: _____

SSN: _____

Relationship to Petitioner: _____

For ALL OTHER PARTIES to this case: please list below the name, current address, date of birth (DOB), social security number (SSN), and relationship to the Petitioner, of any other parties to this action, or children of the Petitioner or Respondent. If there is not enough room below, please attach a separate sheet with all the information requested.

OTHER PARTIES / CHILDREN:

Name: _____

Address: _____

Telephone: (_____) _____

DOB: _____

SSN: _____

Relationship to Petitioner: _____

Name: _____

Address: _____

Telephone: (_____) _____

DOB: _____

SSN: _____

Relationship to Petitioner: _____

Name: _____

Address: _____

Telephone: (_____) _____

DOB: _____

SSN: _____

Relationship to Petitioner: _____

Name: _____

Address: _____

Telephone: (_____) _____

DOB: _____

SSN: _____

Relationship to Petitioner: _____

Please list any / all cases, pending, or heard within the last five (5) years, that have involved the parties or children of the parties in Family, District or Circuit Court. Please provide the case number, name of party and type of case: _____

**This form shall be completed in full,
pursuant to local rule and in
compliance with federal law.**

Signature of Preparer / Relationship to Petitioner

Print Name: _____

Address: _____

Phone: (_____) _____

DISTRIBUTION: Cabinet for Families and Children, placing a copy in the County Attorney's Wage Withholding Order Box in Circuit Clerk's Office